PTO/SB/21 (04-07)
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TRANSMITTAL FORM		Application Number		10/792,279					
		Filing Date		March 4, 2004					
		First Named Inventor		Juan Manuel Cruz-Hernandez et al.					
OCT 2 2 2007	Art Unit		2629						
(to be used force) correspondence after	Examiner Name		Vincent E. Kovalick						
ostal Number and ages in This Submiss	Attorney Docket N	umber	IMMR-0183 (034701-022)						
ENCLOSURES (check all that apply)									
Fee Transmittal Form	Drawing(s			After Allowance Communication to TC					
Fee Attached	Licensing	-related Papers		Appeal Communication to Board					
		Prelated Fapers		of Appeals and Interferences					
Amendment / Reply	Petition			Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)					
After Final	Petition to Convert to a Provisional Application			Proprietary Information					
Affidavits/declaration(s)	Power of Attorney, Revocation Change of Correspondence Address			Status Letter					
Extension of Time Request	Terminal Disclaimer			Other Enclosure(s) (please identify below):					
	Request for Refund			Postcard					
Express Abandonment Request	CD, Number of CD(s)			2 pieces of art 1449					
Information Disclosure Statement	☐ Landscape Table on CD			1440					
Certified Copy of Priority Document(s)	Remarks		•						
Reply to Missing Parts/									
Incomplete Application									
Reply to Missing Parts under 37 CFR1.52 or 1.53									
SICI	LATURE OF A	APPLICANT, ATTO	DNEV OF	ACENT					
Firm Name				AGENT					
r iiiii ivanie	THELEN REID	BROWN RAYSMAN & ST	EINER LLP						
Signature	S.	Blot							
Printed Name	Suvashis Bhatta	acharya							
Date	Reg. No.		46,554						
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PTO/SB/17 (07-07)

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Effective on 12/08/2004. Figure pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Complete if Known			
				Application Number 10/792,279			
FEE TRANSMITTAL			Filing Date		March 4, 2004		
for FY 2007				First Named Inventor Juan Manuel Cruz-Hern		rnandez et al.	
Applicant claims small	entity st	atus. See 37 CFR 1.27	Examiner Name	Examiner Name Vincent E. Kovalick			
		Art Unit					
TOTAL AMOUNT OF PAY	TOTAL AMOUNT OF PAYMENT (\$) 600.00		Attorney Docket	l No.	IMMR-0183 (034701-0)22)	
METHOD OF PAYMENT	「(check	all that apply)					
☐ Check ☐ Credit Car	d 🔲 M	Ioney Order None	Other (please i	dentify	y):		
Deposit Account Depo	osit Acco	unt Number: 50-1698	Deposit Account it	Name:	: THELEN REID BE	ROWN RAYS	MAN & STEINER LLP
For the above-ide	entified de	eposit account, the Director	is hereby authoriz	ed to:	(check all that apply))	
Charge fee	e(s) indica	ated below] Chai	rge fee(s) indicated b	elow, excep	t for the filing fee
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1. BASIC FILING, SEA	BCH A	ND EYAMINATION EE	= e				
I. BASIC FILING, SEA			SEARCH FEES		EXAMINATI	ON FEES	
		Small Entity	<u>Small</u>			all Entity	
Application Type	<u>Fee (\$</u>		Fee(\$) Fee			Fee(\$)	Fees Paid (\$)
Utility	300		500 250			100	
Design	200		100 50		130	65	
Plant	200		300 150		160	80	
Reissue	300		500 250			300	
Provisional	200	100	0 0		0	0	
2. EXCESS CLAIM FE	ES						Small Entity
Fee Description						Fee (\$)	<u>Fee (\$)</u>
Each claim over 20 (inc						50	25
Each independent claim		including Reissues)				200	100
Multiple dependent clai Total Claims		Claims Fee(\$)	Fee Paid ((2)		360 Multiple	180 Dependent Claims
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Indep. Claims		paid for, if greater than 20. Claims Fee(\$)	Fee Paid (C 1			
<u>5</u> - 3 or HP=	2	x 210.00	= <u>420.00 (7</u>	_	01)		
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HP = highest number of independent claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer							
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50							
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)							
100 = / 50 = (round up to a whole number) x =							
							Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): Supp IDS (720-1806)						180.00	

SUBMITTED BY				
Signature	S. Bhat	Registration No. (Attorney/Agent) 46.554	Telephone	408-292-5800
Name (Print/Type)	Suvashis Bhattacharya		Date /0 /9 0	7